

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">BOYCE ADAMS FOR CONGRESS</div>			
<b>ADDRESS</b> (number and street) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">427 MAIN STREET</div>			
<b>CITY, STATE, and ZIP CODE</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">COLUMBUS</div> <div style="border: 1px solid black; padding: 2px;">MS</div> <div style="border: 1px solid black; padding: 2px;">39701</div> </div>			
<b>2. NAME OF CANDIDATE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">BOYCE ADAMS</div>	<b>3. OFFICE SOUGHT</b> (State and District) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">House</div> <div style="border: 1px solid black; padding: 2px;">MS</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>		<b>4. FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">C00574079</div>
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">BOYCE ADAMS</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">427 MAIN STREET</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">COLUMBUS</div> <div style="border: 1px solid black; padding: 2px;">MS</div> <div style="border: 1px solid black; padding: 2px;">39701</div> </div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Employer</div>  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Transaction ID : F6.4428</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date (month, day, year)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">04/25/2015</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Amount</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">10000.00</div>
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Employer</div>  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date (month, day, year)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Amount</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Employer</div>  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date (month, day, year)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Amount</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Employer</div>  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date (month, day, year)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Amount</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Name of Employer</div>  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date (month, day, year)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Amount</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
<b>SIGNATURE (optional)</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Scott Perkins</div>		<b>DATE</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">04/27/2015</div>	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

[Electronically Filed]

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## FEC FORM 6

(Revised 07/2011)